

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

STARRED QUESTION NO:290

ANSWERED ON:05.12.2007

WORKING GROUP ON POPULATION STABILIZATION

Rao Shri Kalva Kuntla Chandrasekhar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the recommendations and proposals made by the Working Group on population stabilization targets for the 11th Five Year Plan; and

(b) the action taken to implement the recommendations of the Working Group?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)&(b): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 290 FOR 5TH DECEMBER, 2007

Planning Commission has constituted the Working Group on Population Stabilisation for 11th Five Year Plan (2007-12) under the Chairmanship of Secretary, Ministry of Health & Family Welfare on 25th May, 2006. The major recommendations made by the Working Group are annexed.

2. The Working Group recommended no specific target as it adopted the target set under both National Rural Health Mission (NRHM) and National Population Policy (NPP), 2000. The major goals of NRHM in respect of population stabilisation are - reduction of Infant Mortality Rate (IMR) to 30/1000 live births, reduction of Maternal Mortality Rate (MMR) to 100/100,000 live births and reduction of Total Fertility Rate (TFR) to 2.1 by 2012.

3. Under NRHM, the emphasis has been on provision of accessible, affordable, accountable, effective, reliable and quality primary health care through creation of a cadre of Accredited Social Health Activists (ASHA), improved hospital care measured through Indian Public Health Standards (IPHS), decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. As a part of NRHM, fixed day services both for terminal and spacing methods of family planning in all the upgraded Primary Health Centres, Community Health Centres, District Hospitals and Sub-District Hospital has been recommended to all the States/UTs. The RCH programme aims to reduce TFR, IMR and MMR in the country. Under NRHM & RCH programme, flexibility is provided to the States to devise need based Programme Implementation Plan (PIP) to address infrastructure & manpower gaps, unmet need for contraception, promotion of skilled Care at birth, increase coverage of immunization, enhance the availability of facilities for institutional deliveries and emergency obstetric care, skilled care to pregnant women at the community level, ante-natal and postnatal care and address other related reproductive, maternal and child care needs.

4. In order to encourage acceptance of Family Planning services, Government has launched a Family Planning Insurance Scheme in November, 2005 to compensate the sterilization acceptors for failures, complications and deaths and also to provide indemnity insurance cover to doctors. The Government has increased the compensation package for Sterilization and also for accredited private providers. The initiatives like strengthening of quality health delivery under NRHM, partnership with the non-governmental sector, presence of Accredited Social Health Activists in villages, expanding contraceptive choice for family welfare, skill upgradations and thrust on quality care would go a long way in achieving the goal of population stabilization.

ANNEXURE

Planning Commission constituted the Working Group on Population Stabilisation for the formulation of 11th Five Year Plan (2007-12) under the Chairmanship of Secretary, Ministry of Health & Family Welfare on 25th May 2006. The major recommendations made by the Working Group are given below: -

1. A large percentage of couples report unmet need for contraception. Even meeting half of the unmet need could make significant dent on the birth rate. As more than half of the unmet need is for limiting family size, meeting the unmet need would call for significant expansion of sterilization services, especially in the large north Indian states. ANMs and ASHAs could be asked to identify the couples with unmet need in their area, and address their concerns.

2. The Family Welfare programme placed heavy emphasize on sterilization as the major method of family planning. Providing sterilization services requires well-trained medical personnel and well-equipped facilities. A permanent method may not be preferred when levels of infant and child mortality are high, or because of religious beliefs. So there is a need to expand the range of choices of

contraceptives as well as to improve the quality of services provided to couples, both in rural and urban areas.

3. There is an urgent need to restructure the existing PHCs and SCs as per the framework of National Rural Health Mission (NRHM).
4. There is a need for specially focusing on poorly performing districts based on the available data from the DLHS and Facility Surveys. To bridge the gap in essential health infrastructure and manpower, state should have a more flexible approach. Care should be taken to ensure the uninterrupted supply of essential drugs, vaccines and contraceptives of required quality and quantity to all the CHCs, PHCs and SCs.
5. The Panchayati Raj Institutions should play a bigger role in the supervision and monitoring of PHCs. There is the need to develop better co-ordination mechanism between local self-governments and health care institutions. It is necessary to orient the PRI members about their roles and responsibilities in providing better public health services as well as the need for assigning top priority to health issues among the activities of the PRIs.
6. Concerted efforts are necessary to improve the coverage and quality of registration of births, deaths, marriages and pregnancies. A motivated ANM, Anganwadi Worker or ASHA can play an important role in this regard. The responsibility of ensuring the complete registration can be entrusted to the local bodies with clear-cut guidelines.
7. Strict enforcement of the Child Marriage Restraint Act, 1976, implying prevention of marriages of girls and boys below the legally permissible ages of 18 and 21, respectively, would facilitate not only reduction of high risk teenage pregnancies but also help in human resource development amongst these younger girls and boys during their formative years towards improvement in the quality of life in the long run. The Group recommends a national campaign against Child Marriages, sex selection against the girl child & for promoting institutional delivery by the Central & State Governments.
8. Focused attention on antenatal and institutional delivery care would help towards reduction in neo-natal component of infant mortality as well as maternal mortality, which in turn has externalities towards better acceptance of the family welfare program interventions and thus accelerate the process of fertility transition and population stabilization.
9. To improve the operational efficiency of the programmes, the Health Management Information System (HMIS) needs to be strengthened. The timely and accurate information gives the health managers the ability to monitor inputs and outputs of the system and help them to assess the costs and returns from various procedures.
10. The success of the Family Welfare Programme depends to a great extent on the personnel working in various institutions. Regular in-service training to enhance their knowledge and skills and to familiarize them with the new programmes should become a part of regular activity of the health department. They should also be in a position to develop local level health plans taking into account the health conditions of the people and their requirements.
11. It is important to periodically assess the utilization of health services and customer satisfaction. Regular surveys, both for clients as well as for health care providers, to be undertaken. The findings from these periodic surveys should provide feedback to the health department as well as to the local bodies.